DMSO Research Protocol: Neurological Support

an output from Pandemic 2 Simulation "The False Light"

(focus: Protection from misfolded brain proteins)

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DOCUMENT*:* Extract - Protocol

Simulation Formats:

The Simulation / Protocol is available in a few formats for brevity:

- Default (long)
  - The Simulation and Protocol

- Extract – Protocol
  - Lengthy Simulation narrative removed, leaving the DMSO Protocol & related information for research experimentation.

- Extract – A Path Forward *(only available individually)*
  - For the Units who demonstrate an interest in gaming theory, desire to improve themselves and have an open mind, this section could be provided upon request.

DMSO Use Case: Neuroprotective purposes, such as in prion-related diseases, amyloidosis, traumatic brain injury (TBI), and ischemia, where it may help reduce inflammation, oxidative stress, and protein aggregation.

The DMSO Research Protocol is an output of a Simulation Exercise. As such, the Simulation document takes the form of a Research Protocol.

What is DMSO? DMSO (dimethyl sulfoxide) was first identified in 1866 by the Russian chemist Alexander Zaytsey as a natural solvent in trees. It was first used in industry in 1953. In 1961, US Doctor / Researcher / Surgeon Dr Stanley Jacob first identified it's potential uses in the medical field. Appendix D items 4 and 5 list two of Dr Jacob's books to learn about DMSO. In modern times, DMSO is a by-product of the paper making industry.

A *DMSO Research Protocol* document includes significant amounts of information to inform a novice researcher how to prepare, use, and monitor DMSO research, with additional resource links to learn if needed. Information presented is all publicly available and compiled across various sources such as medical or scientific studies, patents, and reported uses of DMSO.

DMSO has by itself properties reported to give positive results, often at excellent rates. Such as protection from misfolded brain proteins, anti-inflammatory, analgesic (pain relief), antioxidant, protection from ischemic tissue damage, brain injury, vasodilator, muscle relaxant, anti-thrombotic, wound healing, et al. DMSO is typically used with another treatment (natural or oil based medicine) to carry that treatment fast into the cells, deep into the body, giving a "boost" to treatment effectiveness and speed of recovery.

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1 Important DMSO Disclaimer

This document and the protocols described herein, is a fictional Simulation Exercise, and has been written strictly for informational, educational and research purposes only. It is not intended to serve as medical advice or to be any form of medical treatment. You should always consult your physician before altering or changing any aspect of your medical treatment and/or undertaking a different regimen, including the guidelines as described in this document. Do not stop or change any prescription medications without the guidance and advice of your physician. Any use of the information in this book is made on the reader's good judgment after consulting with his or her physician and is the reader's sole responsibility. This document is not intended to diagnose or treat any medical condition and is not a substitute for a physician. The author expressly does not accept any responsibility for any improvement or deterioration in your state of health.

Researchers must review:

- *[Appendix A – DMSO Protocol Disclaimer Details]*; ***and***
- *[Appendix B – Important General DMSO Rules]*; ***and***
- *[Appendix C – Monitoring of DMSO Patient]*;

Optional reviews:

- *[Appendix D - Simulation "The False Light"*; {REDACTED] ***or***
- *[Appendix E - DMSO Resources for Education]; **or***
- *[Appendix F – Modern Medical Industry Issues]*

2 Simulation Introduction

International standards of Pandemic Planning use Simulations / Exercises to investigate future potential health problems, their solutions and identify lessons to be learned.

This document is a Simulation to identify a potential pandemic 2 attack vector, against the populations, and try to identify a likely treatment for it.

2.1 Simulation Summary - “The False Light”

In this Simulation, a rapid onset degenerative disease without treatment or cure was identified as useful to find a potential treatment for. One of the primary diseases with potential to be used was identified as neurological prion disease (aka BSE / CJD). The output is a simple DMSO Research Protocol for prion disease.

Protocol highlights: The moment symptoms of prion disease are observed in the Realm, take a 33% DMSO (+ distilled water) boost dose (=21 ml) orally, three times per day (63 ml /day). For the conscientious, a pre-emptive maintenance protocol is included.

Advice:

1. Don’t stress, this is just a Simulation. It is designed to get the Unit thinking.

2. The Simulation is full of communists, suffering, pedophiles and complexity – by design.

2.2 Simulation Conclusion

A potential treatment was successfully identified for prion disease, which is detailed in this DMSO Research Protocol document.

Other similar exercises could be run to identify treatments for illnesses and diseases that are in the arsenal of planned health issues for pandemic 2 and beyond, such as Nipah or Ebola.

Note: Widespread doctor reports and growing concerns voiced publicly, show amyloid microclots are found in a people who have health issues and die, at an increasingly huge rate since 2021. This research protocol might be beneficial for this, not just prion disease

The Simulation exercise is removed for brevity.

The Research DMSO Protocol for prion disease follows first.

3 Maintenance Protocol

3.1 Dosing

Mix Percentage with Distilled Water.

3.1.1 For Oral Use

Dilute to 20% DMSO (w/v) in distilled water. This concentration balances efficacy and tolerability for long-term use, as seen in prion disease protocols.

How to prepare: Mix 20 ml (or 20 g, approx.) of pharmaceutical-grade 99.9% DMSO with 80 ml distilled water to make 100 ml of solution (0.2 g/ml DMSO). Use glass containers, as DMSO can leach plastics. Store in a cool, dark place; it may crystallize below 18°C (65°F)—gently warm to liquify.

3.1.2 For Topical Use

Dilute to 50-70% DMSO with distilled water. Higher concentrations (e.g., 70%) penetrate faster but may irritate skin; start at 50% for sensitive areas.

How to prepare: For 50%, mix equal parts DMSO and distilled water (e.g., 50 ml each for 100 ml). For 70%, mix 70 ml DMSO with 30 ml distilled water.

3.2 Dosage Schedule and Application

Focus on long-term maintenance (e.g., months to years), based on studies showing sustained benefits in amyloidosis (7-15 g/day oral for 7-16 months) and prion models (5-15 g/day oral). Start low to build tolerance, as DMSO can cause detox-like symptoms (e.g., headache, fatigue). Adjust based on body weight (e.g., 0.2 g/kg/day) and response. Typical maintenance aims for 5-15 g/day total, split into doses to maintain steady levels (DMSO peaks in blood 4 hours after oral intake).

3.2.1 Oral Protocol (Primary for Brain Protection)

Maintenance Dose: 5 g DMSO per dose, 3 times daily (total 15 g/day). This aligns with prion treatment patents and amyloidosis studies, where it improved renal function (a proxy for systemic protein misfolding benefits) without major risks.

Schedule: Take every 8 hours (e.g., morning, afternoon, evening) with meals to reduce stomach upset. Continue indefinitely for maintenance, but reassess every 3-6 months with a doctor.

How to Take: Use the 20% solution—25 ml per dose (contains ~5 g DMSO). Mix into 8-12 oz (240-350 ml) of juice, tea, or distilled water to mask the bitter taste and garlic odor. Swallow quickly. If nausea occurs, reduce to 2-3 g per dose initially and increase gradually over 1-2 weeks.

Evidence Basis: In a prion disease patent, patients ingested 25 ml of 20% DMSO three times daily for neuroprotection. Amyloidosis patients tolerated 7-15 g/day orally long-term, with potential anti-aggregation effects on misfolded proteins.

3.2.2 Topical Protocol (Adjunct for General Neurological Support or Pain)

Maintenance Dose: 5-10 g DMSO total per day, applied in 2-4 sessions (e.g., 1-2 g per application, depending on area).

Schedule: Apply 2-4 times daily (e.g., morning and evening for maintenance). For brain focus, apply to the neck/base of skull or temples (thin skin aids absorption), but effects are less systemic than oral.

How to Apply: Use clean hands or a cotton ball. Dab 5-10 ml of 50-70% solution onto 4-6 inches of skin (e.g., neck, arms, or back). Rub gently or let absorb (10-15 min). Wash area after 30 min to avoid residue. Cover larger areas if needed (e.g., for TBI support). Test a small patch first for irritation—redness or itching may occur; dilute further if so.

Evidence Basis: Topical 50% DMSO (4 times daily) reduced nerve pain in studies, with neuroprotective hints in TBI cases (e.g., one report of monthly topical use aiding brain recovery). For misfolded proteins, topical DMSO enhanced drug delivery across the BBB in cancer models, suggesting potential for brain access.

3.3 Additional Guidelines – Maintenance Protocol

Starting and Monitoring: Begin with half the maintenance dose (e.g., 2-3 g oral twice daily) for 1 week to check for side effects like dizziness, diarrhea, or skin dryness. Increase gradually. Track symptoms (e.g., cognitive function) and get blood tests (liver/kidney function) every 1-3 months.

Duration: Long-term (e.g., 3-16 months or ongoing) based on amyloidosis and prion studies, where benefits persisted with continued use.

Combinations: DMSO enhances absorption of other substances—avoid mixing with toxins. For added neuroprotection, pair with anti-inflammatory diets or supplements (e.g., antioxidants), but consult a doctor.

Side Effects and Precautions: Common: Garlic breath/odor (lasts hours), mild nausea, skin warmth. Rare: Headache, sedation, vision changes. Stop if severe. Not for pregnant/nursing individuals or those with significant liver issues. Hydrate well (DMSO is diuretic).

Sources Summary: Drawn from patents on prion neurodegeneration (oral 20% solution, 15 g/day), amyloidosis trials (7-15 g/day oral), TBI neuroprotection studies (1.5 g/kg IV equivalent, but adapted to oral/topical), and general DMSO guides (50-70% topical for pain/neurological support). No direct long-term trials for misfolded protein prevention exist, so efficacy is inferred.

4 Boost Protocol (Rapid Onset)

For rapid-onset scenarios (e.g., acute exposure leading to rapid neurological symptoms), a "boost" or loading phase aims to achieve higher initial systemic levels to potentially slow progression, drawing from acute neurological protocols (e.g., TBI or stroke) adapted to oral/topical routes.

No direct trials exist for rapid misfolding "boosts," so this is inferred from amyloidosis treatments (3-20 g/day oral improving symptoms in 8 weeks to 3-6 months) and prion models (15 g/day oral delaying onset).

Use pharmaceutical-grade 99.9% DMSO. For rapid cases, oral is primary for systemic brain effects; topical adjunct for faster absorption through skin near the head/neck. Avoid mixing with toxins, as DMSO enhances absorption. Hydrate well and take with food/juice to minimize GI irritation.

4.1 Dosing

Mix Percentage with Distilled Water.

4.1.1 For Oral Use

33% DMSO (w/v) in distilled water or juice (e.g., orange to mask taste), which reduces volume per dose.

If GI sensitive, start at 20% and increase to 33%.

Preparation: For 33%, mix 33 ml DMSO with 67 ml distilled water/juice for 100 ml (0.33 g/ml DMSO). Use glass; store cool/dark.

4.1.2 For Topical Use

70% DMSO with distilled water (higher for faster penetration in boosts).

Preparation: Mix 70 ml DMSO with 30 ml distilled water for 100 ml.

4.2 Dosage Schedule and Application (First Week)

- Aim for higher daily totals (e.g., 20-21 g/day) based on amyloidosis max (20 g/day) and prion patents (up to 30 g/day, but 15 g typical).
- Split into more frequent doses (4x/day) to maintain levels (peaks 4-6 hours post-oral) and reduce side effects. This is ~0.3 g/kg for a 70 kg person—higher than maintenance (0.2 g/kg) but within studied ranges.
- Monitor closely; reduce if nausea/diarrhea occurs.
- Transition to maintenance (15 g/day) after week 1, or sooner if symptoms stabilize.

4.2.1 Oral Protocol (Primary for Rapid Brain Protection)

Boost Dose: 7 g DMSO per dose, 3 times daily (total ~21 g/day). Inferred from amyloidosis (7-15 g/day improving after 3-6 months) and prion models (7.5% solution ad libitum delaying progression; human equivalent ~15-20 g/day).

Schedule: Every 6-8 hours (e.g., breakfast, lunch, dinner) with meals. Week 1 only; then drop to maintenance (5 g/dose, 3x/day).

How to Take: Use 33% solution—21 ml per dose (contains ~7 g DMSO). Dilute in 8-12 oz juice/water. Swallow quickly. If GI upset, switch to 20% (35 ml/dose) or reduce to 5 g/dose days 1-3, ramp up.

Evidence Basis: Amyloidosis patients saw renal/GI improvements in 8 weeks at 3-20 g/day; prion patent suggests 5-7.5 g/dose (3x/day) for ongoing, but acute models (e.g., scrapie hamsters) used higher equivalents early post-infection to reduce PrP^Sc. Animal strokes/TBI adapted: Immediate high exposure (e.g., veterinary 1 g/kg ~70 g for human, but scaled down for oral safety).

4.2.2 Topical Protocol (Adjunct for Enhanced Absorption)

Boost Dose: 5-7 g total per day, applied in 3-4 sessions (e.g., 1.5-2 g per application).

Schedule: Apply 3-4 times daily (e.g., morning, midday, evening, bedtime). Focus on neck, temples, or scalp for potential BBB access (DMSO at 10-15% opens BBB reversibly).

How to Apply: Use 70% solution—~3-5 ml per application (contains ~2-3.5 g DMSO) on 4-6 inches of clean skin. Rub in; let absorb 10-15 min. Wash after 30 min. Patch test first.

Evidence Basis: Topical improved amyloidosis symptoms (e.g., GI/kidney in juvenile RA case; pulmonary in 8 weeks). Acute brain injury cases: Topical reduced edema within minutes; combined with oral for strokes (e.g., full recovery in weeks).

4.3 Transition to Maintenance

After week 1 of Boost dosing (or when acute symptoms slow), switch to the previous maintenance: 5 g oral 3x/day (15 g total) or as tolerated. Reassess with a doctor after 1-3 months (e.g., via neurological exams or protein markers if available).

4.4 Additional Guidelines – Boost Protocol

Starting and Monitoring: Day 1-2: Half boost (e.g., 3-4 g/dose) to test tolerance. Watch for intensified side effects (e.g., headache, sedation, skin warmth). Get baselines/tests before starting.

Duration: Boost 7 days; overall treatment 3-16 months or ongoing, per amyloidosis/prion studies (e.g., 1 year at 15 g/day improved markers).

Combinations: Avoid during boost; add antioxidants later if needed.

Side Effects and Precautions: Boost may amplify nausea (take with anti-nausea if needed), odor (up to 72 hours), or diuresis. Rare: Hemolysis/anemia at very high doses; avoid if liver/kidney issues. Not for pregnancy.

Sources Summary: Amyloidosis trials (3-20 g/day oral, improvements in weeks-months); prion patent (5-7.5 g/dose 3x/day); acute neuro reports (higher initial for edema reduction, adapted oral).

5 Appendix A – DMSO Protocol Disclaimer Details

Introduction to DMSO: A good introduction to DMSO for the new researcher is available on MidWesternDoctor's website at https://www.midwesterndoctor.com/p/the-remarkable-history-and-safety and an embedded copy is provided below:

DMSO is regularly and widely used in the medical and research fields, albeit not being taught to the average doctor on the street corner, nor officially authorized for uses that medical researchers report resounding success with.

Further Research: It is recommended that anyone considering to use any type of modern medicine or alternative treatment investigate their options and take responsibility for their own choices.

Not Approved Treatment: DMSO is not FDA-approved for this specific use. Consult a healthcare professional before starting, as DMSO can interact with medications (e.g., blood thinners, sedatives), cause side effects (e.g., garlic-like breath, skin irritation, nausea), and may not be suitable for everyone. Monitor for toxicity, and start with low doses to assess tolerance.

Strength: Taking DMSO with natural additives (e.g. cayenne pepper), modern medication, or environmental contaminants (food, skin based etc) means those will also be taken into your cells. DMSO increases the strength of whatever medication it is taken with by 5x to 10x because it facilitates the entry into cells.

Contaminants: As a guideline, for 1-2 hours either side of a dose, do not have any non-protocol additives, medications or contaminants. For medications not related to the DMSO protocol, they should be halted and our of your system, prior to taking DMSO protocols. Smoking should be ceased (at minimum highly restricted), and alcohol avoided.

Guideline DMSO Rules: Appendix B lists important rules to follow when mixing, using or handling DMSO.

This protocol is not medical advice nor for use, it is provided for research purposes only.

Use of this protocol is at your own risk.

6 Appendix B – Important Rules When Mixing, Using, or Handling DMSO

Following these rules dramatically reduces the most common risks and problems people experience with DMSO:

1. Use only pharmaceutical-grade or USP-grade DMSO (99.9%+ purity) — never use industrial-grade or solvent-grade DMSO (it contains harmful impurities that can be dangerous when absorbed through skin).

2. Use only quality, natural and non-toxic additives with DMSO. Example - Common Poisons (called Vitamins): Do not use these with DMSO. The vast majority of what is labeled as “Vitamin X” does nothing good for you, and is made up from toxic chemicals or actual poisons. For example, “Vitamin D” has the primary ingredient of cholecalciferol – which is rat poison. For vitamin D deficiency, a doctor should prescribe “get out in the sunshine”. Vitamins A, E are also direct poisons. Vitamin C is made from toxic chemicals with the same chemical structure as an orange, yet for vitamin C deficiency, doctors should prescribe “eat an orange, have lemon”.

3. Store and mix DMSO only in glass containers (amber glass preferred to block light) — DMSO leaches chemicals from most plastics.

4. Use glass pipettes, glass droppers, or glass measuring tools — avoid plastic syringes, plastic spoons, plastic bottles, or plastic anything that will contact the DMSO.

5. For bottle caps and seals, use EPDM rubber, butyl rubber, or PTFE (Teflon) liners — these are the most DMSO-compatible materials. Avoid nitrile (Buna-N), natural rubber, neoprene, and most silicone seals (they degrade or swell).

6. Always dilute DMSO with distilled water or pure aloe vera gel (never tap water — it contains contaminants that DMSO can carry into the body).

7. Patch test first — apply a small amount of your diluted mixture to the inner forearm and wait 24 hours to check for irritation or allergic reaction.

8. Apply only to clean, dry skin — wash the area with mild soap and water, then dry completely before applying.

9. DMSO is a very powerful solvent and carrier — it will transport anything on the skin (dirt, soap residue, creams, chemicals, toxins, dyes) deep into the body. Always ensure

skin is scrupulously clean.

10. Wash hands thoroughly after handling or applying DMSO (even if wearing gloves) — you can accidentally transfer it to eyes, mouth, or other sensitive areas.

11. Do not apply near eyes, inside nose, mouth, genitals, or open wounds unless under specific medical supervision.

12. DMSO causes a characteristic garlic-like breath and body odor — this is normal and usually lasts a few hours (sometimes up to 24–72 hours with higher doses).

13. Start low and go slow — begin with lower concentrations (e.g., 25–50% for most people, 15–25% for elderly/sensitive skin) and small amounts to assess tolerance.

14. Avoid contact with clothing — DMSO can dissolve some dyes and carry them into the skin; use old towels or wear clothes you don't mind staining.

15. Do not mix DMSO with unknown substances — only combine with known, safe ingredients (e.g., aloe, MSM, magnesium oil, etc.) and under guidance.

16. Keep away from children and pets — DMSO is rapidly absorbed and can be toxic in large amounts.

17. Do not heat DMSO in plastic containers — use only glass if gently warming (e.g., to melt crystallized DMSO in cool weather).

18. Store in a cool, dark place — DMSO freezes at ~18.5°C; if it solidifies, place the glass bottle in warm water (not microwave) to liquify.

19. Consult a doctor before regular or long-term use — especially if you have liver/kidney issues, are on medications, are pregnant, or are treating children/elderly.

7 Appendix C – Monitoring Use of a DMSO Protocol

7.1 Standard Adult Monitoring (18–64 years)

Start low and go slow: Begin with lower concentration and smaller amounts, increase gradually over 3–14 days while observing response.
Patch test first: Apply small amount to inner forearm; wait 24–48 hours for irritation/redness/rash/itching.
Daily self-checks (especially first 1–2 weeks):

- **Skin:** redness, dryness, itching, rash, blistering, warmth at sites
- **Systemic:** garlic-like breath/odor (normal), headache, dizziness, nausea, fatigue, sedation
- **GI:** mild nausea, loose stools, stomach discomfort (more common with oral)

Hydration: Drink extra water daily; watch for dehydration signs
Week 1–2: Daily skin & symptom check + simple log
Week 3–4: Check every 3–4 days; end-of-month overall assessment
Month 2+ (maintenance): Weekly self-check
Every 3 months (long-term use):

- **Blood tests:** liver (ALT/AST/GGT/bilirubin), kidney (creatinine/eGFR/BUN), CBC
- **Clinical:** blood pressure, pulse, weight if relevant

7.2 Red flags Rules (all ages)

Stop treatment immediately and seek medical attention for:

- Severe skin reaction: widespread rash, blisters, peeling, severe burning
- Persistent or severe headache, dizziness, confusion
- Significant nausea/vomiting that prevents eating/drinking
- Yellowing of skin/eyes (jaundice)
- Unusual bleeding/bruising
- Shortness of breath, chest pain, swelling in legs/face
- Any symptom that feels alarming or rapidly worsening

7.3 Elderly Monitoring (65+ years)

Changes / adjustments from standard adult monitoring:

Lower starting doses & slower ramp-up: Use 50–70% of adult starting concentration and amount; increase even more gradually (over 2–3 weeks)
More frequent skin checks: Daily skin inspection for first 3–4 weeks (elderly skin is thinner, more fragile, more prone to irritation & delayed healing)
Reduced application frequency: Usually 1–2 times/day maximum (instead of 2–4)
Lower total daily exposure target: Aim for 0.5–2 g DMSO/day total (often <0.03 g/kg body weight)
More cautious blood monitoring: Consider baseline liver/kidney/CBC before starting + repeat every 2 months initially, then every 3–4 months if stable (reduced organ reserve common)
Caregiver involvement: Ideally someone else helps observe skin changes, odor, and general well-being.
Extra attention to:

- Dizziness, confusion, sedation (higher fall risk)
- Fluid balance / dehydration (mild diuretic effect more noticeable)
- Drug interactions (many elderly take multiple medications)

7.4 Teenage Child Monitoring (13–17 years)

Changes / adjustments from standard adult monitoring:

Significantly lower concentrations: Use 10–20% DMSO maximum (skin more permeable)
Much smaller application amounts: 0.5–1 ml per application maximum; total daily DMSO typically 0.5–2 g (<0.03 g/kg body weight)
Fewer applications: Usually 1–2 times/day maximum
Shorter initial trial period: Evaluate after 1–2 weeks (not 3–4); discontinue sooner if any concerning signs
Mandatory adult supervision: Parent must apply & directly observe every application
More frequent checks: Daily skin & symptom check for 3–4 weeks; weekly log review
Blood monitoring: Baseline liver/kidney/CBC strongly recommended before starting; repeat every 6–8 weeks initially if used longer than 1 month (growing bodies, higher relative absorption)
Shorter overall duration: Generally limit to 4–8 weeks unless clearly beneficial and monitored by physician
Extra attention to:

- Any systemic effects (headache, nausea, unusual fatigue, sedation)
- Skin sensitivity or allergic-type reactions
- Avoidance of face/neck/genital areas unless under direct medical supervision

7.5 Additional Practical Monitoring Tips

- Keep a simple symptom diary (date, dose/concentration used, application sites, symptoms before/after, pain scale 0–10).
- Take before-and-after photos of application sites if irritation is a concern.
- Note any changes in medications or supplements (DMSO can enhance absorption of other substances).
- Avoid alcohol during the first few weeks (can amplify sedation or GI effects).
- If using with other topicals (ibuprofen gel, steroids, etc.), watch closely for increased local or systemic effects.

7.6 Who Should Be More Cautious / Monitored More Frequently

- People over 65
- Those with known liver or kidney issues
- Anyone on blood thinners, sedatives, or multiple medications
- Individuals with sensitive skin or history of contact dermatitis

8 Appendix D: Simulation “The False Light”

8.1 Simulation Setup

8.1.1 Simulation Initiation

Create a gaming scenario to identify an important health issue which affects humanity.

8.1.2 Simulation Note

Spoiler Alert: Don’t be afraid, it’s just a simulation. Confronting great complexity is done by finding the simple solution hidden in plain sight - ©Me, 02/2026

8.1.3 Simulation Objective

Define a Simulation context, set the scene for a covert war against humanity, identify a likely attack vector and find a possible solution.

8.1.4 Simulation Introduction – “The False Light”

<REDACTED>

8.2 Potential solution identified

Upon investigation, there does appear to be a potential solution for prion disease.

DMSO's ability to cross the blood-brain barrier makes it potentially useful for neurological support. Oral administration is preferred over topical for systemic brain effects, as it achieves higher internal concentrations.

Topical can be used adjunctively for localized pain or inflammation but is less targeted for brain protection. Avoid injections without medical supervision. Doses are typically diluted with distilled water to reduce irritation and toxicity.

Modern medicine does not offer any alternative treatment to the “mysterious prion” (never identified, seen or found), causing brain symptoms similar to CJD / vCJD as seen in the UK in 1980’s. DMSO appears to be the only potential treatment for this condition (for the normal folks).

8.2.1 Preventative actions

Assuming contaminated meat has not been consumed, the advice is as follows.

A serious question about vaccine safety for animals exists, as news reports indicate that, at least in the West, animal vaccines were moved to mRNA[1] from 2025. As such, animals that are given only old vaccines (ideally no vaccines) should be considered.

A question exists about commercial animal feeds potentially being contaminated.

Level 1 (minimal safety but likely ok):

- **Pork:** do not consume.
- **Beef:** Village / small farm with natural feed should be fine.
  Likely halal beef is contaminated much less than Christian beef (non halal).
- **Chicken:** Same as beef.
- **Fish:** Unknown, yet wild fish should always be fine.

Level 2 (better) : No halal meat. Consume only village farmed beef / chicken and their products, which are fed village sourced feed.

Level 3 (ideal) : Consume no meats or animal products if you cannot confirm status.

8.2.2 Reactive treatment

It is clear that medical research reports exist indicating DMSO provides protection and a degree of reversal for, prion related neurological diseases (specifically, protection against misfolded proteins, which appears to be the cause) :-

Report Example: PubMed Report “Dealing with Misfolded Proteins: Examining the Neuroprotective Role of Molecular Chaperones in Neurodegeneration”; 2010 Oct 8;15(10):6859–6887; doi: 10.3390/molecules15106859

Report Quote: Chemical chaperones are small molecular mass compounds that increase protein stability in vitro. These compounds include organic solvents such as dimethyl sulfoxide (DMSO) and osmolytes such as glycerol and trelahose [187,188]. Addition of DMSO and glycerol to scrapie-infected mouse neuroblastoma in vitro was able to effectively reduce the extent of the scrapie (abnormal) form of the prion protein and increase the normal cellular form of the protein [188].

1 Since Covid exercise, mRNA technology was acknowledged by doctors as highly dangerous and must be withdrawn.

8.2.3 Proposed Treatment

Use the protocol for neurological support dose of DMSO immediately as symptoms appear (anywhere in the Realm). Duration of DMSO usage, likely to be 2-4 weeks.

Once damage starts, DMSO should halt progression, and hopefully start to reverse it (a slow process).

Perform a minimum 7 day water-only fast to reset / refresh the body in parallel to DMSO

Potentially repeat the fast at least one more time (starting on day 14 or 21).

If further symptoms are noticed, or do not get better, it might be prudent to increase the DMSO dose and perform a longer fast, up to 30 days.

Healing damage done will not be quick (e.g. days). Stabilize, and focus on healing over a period, seeing improvements each week.

Additional healing methods are available. Serfs should look at what old style doctor's did prior to WW1, as well as an ancestor / spiritual healers (not the ones who advertise. as real healers do not have a public profile nor charge any money).

9 Appendix E - DMSO Resources for Education

Significant amounts of DMSO resources and books are available, much of it free online or accessible via Anna's Archive at https://annas-archive.li/ and don't forget official Medical Reporting sites like PubMed at https://pubmed.ncbi.nlm.nih.gov/ and historical document archives at Archive.org on https://archive.org/ or finally the US Library of Congress (LCCN's) on https://search.catalog.loc.gov/

1. MidWesternDoctor
MidWesternDoctor produces very comprehensive articles covering general information about modern medicine, links to historical medicine, and in particular, DMSO history and treatments. Each post has all sources of information provided.
https://www.midwesterndoctor.com/

DMSO intro: https://www.midwesterndoctor.com/p/the-remarkable-history-and-safety

2. Google (or Yandex.com)
Search results can be censored or altered. Trusting AI is not advised.

3. The DMSO Handbook for Doctors - Archie H. Scott - ISBN: 978-1-4759-9792-7 (sc) LCCN: 2013912102

4. DMSO by Stanley Jacob (1971) - ISBN: 0-8247-1327-3 *(the Father of DMSO)*

5. DMSO in Trauma and Disease by Stanley Jacob (2015) - ISBN-13: 978-1-4987-1468-6

6. The DSMO Handbook - A new paradigm in healthcare - Hartmut Fischer (2015) ISBN: 978-3-9815255-5-7

7. DMSO Nature's Healer by Dr Morton Walker (1993) - ISBN 978-1-101-66234-2

8. Healing with DMSO by Amandha Vollmer (2020) - ISBN: 978-1-64604-002-5

9. DMSO for Cancer by Jennifer Shipp (May 2019) - AliveNHealthy.com

10 Appendix F – Modern Medical Industry Issues

The modern medical industry appears to be awash with fraud, misinformation and false reporting, where studies are routinely favored by whichever organization or company provides funding for a researcher to obtain a particular favorable conclusion (to the company paying). It takes significant time and analysis, often with investigation into historical events, court cases and government or *"expert"* information releases or interviews, to identify what is true, or not.

Modern medical treatments can, at best, politely, be described as *"contaminated"*. Governments, medical bodies, and individual doctors have gone to (or been in) court since 2022 where it was admitted that various "treatments" have been untested, contaminated, negative "trial data / results" was withheld, and doctors or pharmacists are paid to turn a blind eye and promote treatments without bothering to learn about what they are putting their name behind. Identified or historical treatments that work very well, often with excellent results and are very cheap to produce are typically ignored. Strangely, Western medical bodies (in this example, the US CDC) hasve stated on the record that they do not have even 1 sample of ***any*** virus.

Countless doctors (and their groups from 1800's to 2024 have reported conclusions that are contrary to popular teaching and practices. For example, many reports have been publicised that it has been impossible for a trial to infect one person from another.

For example, in 2022 UK Deputy Chief Medical Officer, Dr Jonathan Van-Tam (expert panel member for Covid response), ran an official trial, with 50 participants, and he reported that it was impossible for him to get anyone infected "with a positive Covid culture".

DMSO in particular, has many ten's of thousands of "brilliantly successful" reports by Western doctors across countless human problem areas, since it was identified in 1961. Being a natural product (from trees), it cannot be patented for profit. It was subsequently and mysteriously "pushed under the table" (aka not taught or used much) by medical authorities. It is upto individual doctor's to research where their peers use it, thus it is allowed for use (but not authorized as a normal treatment option)

It might appear to an independent researcher, that the modern medical industry is purely profit driven and not results driven (curing people). Profit is in repeat customers, not cured customers. There is a wealth of information and reports, both modern times and historical, that provide contrary information to what is commonly accepted and practiced. ***This introduction – is only the tip of the metaphorical iceberg.***

11 Finale

<REDACTED>

12 A Path Forward (Just one of many choices)

This section is redacted by default. A Serf must specifically ask for it, demonstrating an honest desire to obtain inner wisdom, not just following what it's peers or society say.

This is not about providing a set of comments, opinions or "facts". A fact to one, is bullshit to another, and can be different to a Serfs societal programming.

It is about learning how to think differently, to open one's eyes, ears and mind, to potentially view reality from other perspectives that are possible.

12.1

<REDACTED>

13 Epilog

I am just me. I am not important. Just a retired progressive Serf on a path of exploration and discovery, feeling like a character in a computer game, the “Hue-Man Experience”.

We are all the same, simply at different points on an identical journey.

Remember:

Don’t stress, this is just a Simulation.

This Simulation is full of suffering, communists, pedophiles and complexity.
– by game design.

Fear controls u. Distractions blind u. Discernment helps u. Wisdom sets u free.